

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042650

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 149 002

Registrar's No.

5603

STATE FILE NUMBER

FILED NOV 26 1962

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>67 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7214 PROSPECT AVENUE</b>		d. STREET ADDRESS (If outside, give location) <b>7214 PROSPECT AVE.</b>	
3. NAME OF DECEASED (Type or print) First <b>WATSON</b> Middle <b>EDGAR</b> Last <b>HADLEY</b>		4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>5</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/1/80</b>
9. AGE (last birthday) <b>82</b>		10. IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b> Hours <b>10</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>MORRISVILLE, IND.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>LEVI HADLEY</b>		13b. MOTHER'S MAIDEN NAME <b>JENNIE COLLIER</b>	
14. NAME OF HUSBAND OR WIFE <b>HESTER K. HADLEY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>MRS. HESTER K. HADLEY-KANSAS CITY</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Undetermined</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>20 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:15</b> a.m. p.m. Month, Day, Year <b>Oct. 18/62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY</b> COUNTY <b>MISSOURI</b> STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>Oct. 18/62</b> to <b>Nov. 5/62</b> and last saw him alive on <b>Nov. 5/62</b> Death occurred at <b>7214 Prospect Ave.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>D.W. Newcomer's Sons</b> (degree or title)	
22b. ADDRESS <b>15-20, 10th St. Kansas City, Mo.</b>		22c. DATE SIGNED <b>11/5/62</b>	
23a. BURIAL CREMATION, INTERMENT (Specify) <b>CREMATION</b>	23b. DATE <b>NOV. 7, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>	23d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>		25. DATE REC'D BY LOCAL REG. <b>11-5-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED  
**12/3/62**

INSTEAD OF

SHOULD READ

Burial, Mt. Moriah Cemetery  
Cremation, D.W. Newcomer's

DOCUMENT

BY AFFIDAVIT OF

W.D. Stipe

MEDICAL CERTIFICATION

15. 10. 1900 - 4:00, G O O O

If this body is not embalmed, fact should be so stated above.